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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/719,577	11/21/2003	Christine M. Rankovic	0103695-0002	3261	
	7590 08/04/200 LENNEN & FISH LL	_	EXAMINER		
WORLD TRADE CENTER WEST			OPSASNICK, MICHAEL N		
155 SEAPORT BOULEVARD BOSTON, MA 02210-2604			ART UNIT	PAPER NUMBER	
			2626		
			NOTIFICATION DATE	DELIVERY MODE	
			08/04/2008	ELECTRONIC	

Please find below and/or attached an Office communication concerning this application or proceeding.

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	Application No.	Applicant(s)	
Interview Summary	10/719,577	RANKOVIC, CHE	RISTINE M.
merview dummary	Examiner	Art Unit	
	MICHAEL N. OPSASNICK	2626	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>MICHAEL N. OPSASNICK</u> .	(3)		
(2) <u>Mr. David Powsner</u> .	(4)		
Date of Interview: 30 July 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>30 and 36</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f)⊠ was reached. g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>claim language changes</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APPI / DAYS FROM T WHICHEVER IS	LICANT IS HIS
	/Michael N. Opsasnick/		
	Primary Examiner, Art Unit 26		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	